



PATENT  
Customer No. 22,852  
Attorney Docket No. 06530.0317

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of:	)	
	)	
Malka BERNDT	)	Group Art Unit: 3739
	)	
Application No.: 10/720,190	)	Examiner: TOY, ALEX B
	)	
Filed: November 25, 2003	)	
	)	
For: MEDICAL DEVICE WITH VISUAL	)	Confirmation No.: 4220
INDICATOR AND RELATED	)	
METHODS OF USE	)	

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

**TRANSMITTAL LETTER**

We enclose an Amendment in reply to an Office Action mailed August 30, 2005. The additional claims fee is calculated as follows.

	Claims Remaining After Amendment		Highest Number Previously Paid	Present Extra	Rate	Additional Fee
Total	36	-	33	3	x \$ 50	\$ 150.00
Indep.	3	-	3	0	x \$200	0.00
<input type="checkbox"/> First Presentation of Multiple Dep. Claim(s)					+\$360	0.00
Subtotal						\$ 150.00
Reduction by 1/2 if small entity						- 0.00
TOTAL						\$ 150.00

A check for \$150.00 to cover the additional claims fee is enclosed.

Please grant any extensions of time required to enter this Amendment and charge any additional required fees to our deposit account 06-0916.

Dated: November 7, 2005

By: \_\_\_\_\_

Michael W. Kim  
Reg. No. 51,880



PATENT  
Customer No. 22,852  
Attorney Docket No. 06530.0317

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of:	)	
	)	
Malka BERNDT	)	Group Art Unit: 3739
	)	
Application No.: 10/720,190	)	Examiner: TOY, ALEX B
	)	
Filed: November 25, 2003	)	
	)	
For: MEDICAL DEVICE WITH VISUAL	)	Confirmation No.: 4220
INDICATOR AND RELATED	)	
METHODS OF USE	)	

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

**AMENDMENT**

In reply to the Office Action mailed August 30, 2005, please amend this  
application as follows:

**Amendments to the Claims** are reflected in the listing of claims in this paper.

**Remarks** follow the amendment section of this paper.

11/08/2005 HALI11 00000032 10720190  
01 FC:1202 150.00 OP